Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| Elicolive October 1, 2000 | | | | | | | | | | | | |
|--|--|---|---------------------------------|----------------------------------|--------------|------------------|------------|-------------------|------------------------|------------|----------------------------|------------------------|
| | | CLAIMS A | S FILED - PART I (Column 1) | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
| TOTAL CLAIMS | | | .30 | | | | Γ | RATE | FEE | ۱ ۱ | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | E | BASIC FE | EE 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | 30 minus 20= | | · 10 | | | X\$ 9= | | OR | X\$18= | 180 |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | * | | | X43= | | OR | X86= | |
| MU | ILTIPLE DEPEN | NDENT CLAIM P | RESENT | | | | | +145= | | OR | +290= | |
| * If | the difference | e in column 1 is | less than zero, enter "0" in co | | | column 2 | L | TOTAL | | OR | TOTAL | 900 |
| | C | (Column 1) | MENDED | - PAR (Colur | | (Column 3) | _ | SMALI | ENTITY | OR | OTHER SMALL I | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIC PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | linus *** | | = | | X43= | | OR | X86= | |
| _ | FIRST PRESE | ENTATION OF MI | JLTIPLE DEF | PENDENT | CLAIM | | | +145= | | OR | +290= | |
| | | · · | • | • | | : | L _ | TOTA | | OR | TOTAL ADDIT FEE | |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | , ^L |)DII. I E | | | | • `. |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | CLAIM | = | | X43= | | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ' | +145= | | OR | +290= | |
| | | | | | | | | TOTAL | | OR , | TOTAL ADDIT. FEE | |
| | | (Column [,] 1) | | · (Colun | | (Column 3) | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING - AFTER - AMENDMENT | | HIGH NUME PREVIO PAID I | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | . | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | - CL AINA | | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | - |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3. | | | | | | | | | | | TOTAL ADDIT. FEE | |
| 1 | ne nighest Num | ibel Fleviously Pal | יירטו (וטומוסר | muepende | any is ine | mynest numbe | I IOUNG | ı ııı uıe a | ppropriate DO | . iii GOII | antor I. | |